

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different
than previously
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

03

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	2		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	2		2	8		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		225102.30
(b) Cash on Hand at Beginning of Reporting Period	223962.89	
(c) Total Receipts (from Line 19)	34627.38	60137.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258590.27	285240.27
7. Total Disbursements (from Line 31)	29600.00	56250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	228990.27	228990.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	1 1 0 2 2 0 0 4	CA

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20535.72	28630.12
(i) Itemized (use Schedule A)		
(ii) Unitemized	14021.57	31361.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	34557.29	59992.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	34557.29	59992.07
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	70.09	145.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34627.38	60137.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34627.38	60137.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		23500.00	39000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		6100.00	17250.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		29600.00	56250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		29600.00	56250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34557.29	59992.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34557.29	59992.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
 HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code
 VIENNA VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21048

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21194

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SALLIE BOWDEN
Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21148

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MR RAYMOND CARLUCCI
Mailing Address 24 SHERI DRIVE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21111

Amount of Each Receipt this Period

52.50

C. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20992

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

444.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR PAUL DENIS		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 101 HALIFAX ROAD		Transaction ID: INC:A:21127
City MAHWAH	State NJ	Zip Code 07430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CONTRACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 8 FRANKLIN PL		Transaction ID: INC:A:21202
City SUMMIT	State NJ	Zip Code 07901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

C. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:21173
City SOUTHLAKE	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.45
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.60	

SUBTOTAL of Receipts This Page (optional)

326.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MEDICAL AFFAIRS & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20895

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.92

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21029

Amount of Each Receipt this Period

192.23

C. Full Name (Last, First, Middle Initial)
MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21080

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

362.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MS PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21183

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MICHAEL GALVIN

Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21204

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21179

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

417.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 50 BELLEVUE AVE		Transaction ID: INC:A:20906
City SUMMIT	State NJ	Amount of Each Receipt this Period 90.00
Zip Code 07901		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) MR MARK HALLORAN		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC:A:21091
City LONG VALLEY	State NJ	Amount of Each Receipt this Period 80.00
Zip Code 07853		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF INFO OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C. Full Name (Last, First, Middle Initial) MR PETER HARTY		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 19520 YELLOW WING COURT		Transaction ID: INC:A:20894
City COLORADO SPRINGS	State CO	Amount of Each Receipt this Period 160.00
Zip Code 80908		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLICY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
ELMSFORD NY 10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21086

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EVP CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21193

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.16

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21190

Amount of Each Receipt this Period

50.54

SUBTOTAL of Receipts This Page (optional)

322.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21044

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20976

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21134

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

484.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21043

Amount of Each Receipt this Period

116.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21168

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21135

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

500.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21032

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR MARK PROULX
Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21185

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MS JOANN REED
Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.52

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21115

Amount of Each Receipt this Period

65.38

SUBTOTAL of Receipts This Page (optional)

357.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21198

Amount of Each Receipt this Period

70.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21122

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21114

Amount of Each Receipt this Period

78.34

SUBTOTAL of Receipts This Page (optional)

233.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City State Zip Code
 RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20954

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
 CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21027

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21140

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR
Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21191

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
DR GLEN STETTIN
Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PLAN MGMT PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21181

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER
Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21052

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

367.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City State Zip Code
 NEW ROCHELLE NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21101

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
 DALLAS TX 75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21206

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20966

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:21030

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MS ANDREA ZICCARELLI

Mailing Address 48379 HILLTOP DR E

City State Zip Code
PLYMOUTH MI 48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: INC:A:20958

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.60

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 6

Transaction ID: INC:A:21538

Amount of Each Receipt this Period

34.45

SUBTOTAL of Receipts This Page (optional)

184.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 6

Transaction ID: INC:A:21446

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL BARONE
Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21589

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
MR PETER BEGANS
Mailing Address 1605 CHARNITA CT

City State Zip Code
VIENNA VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21416

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) BRYAN BIRCH			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 4 WINDRUSH LANE			Transaction ID: INC:A:21563	
City State Zip Code WESTPORT CT 06880			Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GROUP PRES SYSTEMED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 768.00		
B. Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 5259 FISHERCREST LN			Transaction ID: INC:A:21514	
City State Zip Code RICHMOND VA 23231			Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		
C. Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 24 SHERI DRIVE			Transaction ID: INC:A:21478	
City State Zip Code ALLENDALE NJ 07401			Amount of Each Receipt this Period 52.50	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)

444.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER
Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21359

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR PAUL DENIS
Mailing Address 101 HALIFAX ROAD

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21494

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MICHEL DUFRESNE
Mailing Address 8 FRANKLIN PL

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21571

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

484.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.60

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21539

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN
Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MEDICAL AFFAIRS & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21262

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL
Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.92

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21396

Amount of Each Receipt this Period

192.23

SUBTOTAL of Receipts This Page (optional)

346.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21447

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI
Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21549

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GALVIN
Mailing Address 4 LONE PINE LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21573

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR THOMAS GILSON
Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21545

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR
Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21273

Amount of Each Receipt this Period

90.00

C. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN
Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21458

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

362.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
 COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21261

Amount of Each Receipt this Period

160.00

B. Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
 ELMSFORD NY 10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21453

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EVP CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21562

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

432.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.16		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21559 Amount of Each Receipt this Period 50.54
B. Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER Mailing Address 7017 COBALT WAY City CITRUS HEIGHTS State CA Zip Code 95621 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR STATE GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21412 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) MR TODD MARTIN Mailing Address 11825 SHEPPARDS CROSSING City CLARKSVILLE State MD Zip Code 21029 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21343 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)

342.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JEFFREY MAY
Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21501

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MS COLLEEN MCINTOSH
Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21411

Amount of Each Receipt this Period

116.00

C. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA
Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21534

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

500.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21502

Amount of Each Receipt this Period

192.00

B. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21399

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21551

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

484.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
 MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.52

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21482

Amount of Each Receipt this Period

65.38

B. Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
 EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21567

Amount of Each Receipt this Period

70.00

C. Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21489

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

220.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MS MARY RYAN Mailing Address 456 RICHMOND AVENUE City MAPLEWOOD State NJ Zip Code 07040 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP REGULATORY AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 313.36		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21481 Amount of Each Receipt this Period 78.34
B. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY Mailing Address 119 HAMILTON RD City RIDGEWOOD State NJ Zip Code 07450 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21321 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 197 OXFORD RD City CHESTER State NY Zip Code 10918 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.24		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21394 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)

320.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21506

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
 DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21560

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

C. DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PLAN MGMT PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21547

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

342.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CLAUDIA TUCKER
Mailing Address 713 INDIAN CREEK RD

City State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21420

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR DANIEL WALDEN
Mailing Address 450 BEECHMONT DR

City State Zip Code
NEW ROCHELLE NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21468

Amount of Each Receipt this Period

192.31

C. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE
Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS TX 75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:21575

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

459.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH Mailing Address 309 WATERVIEW DR City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP PRES NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.24		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21333 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MR KENNETH WERMES Mailing Address 26037 N WRANGLER RD City State Zip Code SCOTTSDALE AZ 85255 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21397 Amount of Each Receipt this Period 75.00
C. Full Name (Last, First, Middle Initial) MS ANDREA ZICCARELLI Mailing Address 48379 HILLTOP DR E City State Zip Code PLYMOUTH MI 48170 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: INC:A:21325 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)

342.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
FRED S. BRINKLEY, JR.

Mailing Address 4557 GOLF VISTA DRIVE

City State Zip Code
AUSTIN TX 78730

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS,
INC.

Occupation
V.P. PROFESSIONAL AFFAIRS, CORPORATE R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: INC:A:21228

Amount of Each Receipt this Period

1300.00

B. Full Name (Last, First, Middle Initial)
MR DAVID MACHLOWITZ

Mailing Address 816 NANCY WAY

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR. VP, GENERAL COUNSEL & SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: INC:A:21230

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
C. ROD PRESNELL RPH.

Mailing Address 8957 WINGED FOOT DRIVE

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS,
INC.

Occupation
DIRECTOR, PHARMACY REG GRP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: INC:A:21229

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

6950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.60

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 6

Transaction ID: INC:A:21909

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
Trophy Club TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 6

Transaction ID: INC:A:21816

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GOLDSTEIN
Mailing Address 3 E. 84TH STREET

City State Zip Code
NEW YORK NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: INC:A:21594

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2084.45

TOTAL This Period (last page this line number only)

20535.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070

City
ALBUQUERQUE

State
NM

Zip Code
87191

Purpose of Disbursement

011

Category/
Type

Candidate Name

HEATHER A. WILSON

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 01

Transaction ID: EXP:B:20886

Date of Disbursement

02 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 682185

City
FRANKLIN

State
TN

Zip Code
37068

Purpose of Disbursement

011

Category/
Type

Candidate Name

MARSHA BLACKBURN

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

Transaction ID: EXP:B:20887

Date of Disbursement

02 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21224

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. NELSON FOR US SENATE

Mailing Address PO BOX 8666

City
OMAHA

State
NE

Zip Code
68108

Purpose of Disbursement

011

Category/
Type

Candidate Name
BENJAMIN NELSON

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: EXP:B:21225

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BLUE DOG PAC

Mailing Address 6849 OLD DOMINION DRIVE, SUITE 222

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21227

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC (PCMA)

Mailing Address 601 PENNSYLVANIA AVENUE, NW #740

City
WASHINGTON

State
DC

Zip Code
20004

Purpose of Disbursement

011

Category/
Type

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21226

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. KEEP OUR MAJORITY PAC (KOMPAC)

Mailing Address P.O. BOX 20209

City
ALEXANDRIA

State
VA

Zip Code
22320

Purpose of Disbursement

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP:B:21231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

23500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR JON M. PETERSON

Mailing Address 178 HILLSIDE DRIVE

City DELAWARE State OH Zip Code 43012

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:20889

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR JON M. PETERSON

Mailing Address 178 HILLSIDE DRIVE

City DELAWARE State OH Zip Code 43012

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:20888

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

-200.00

Full Name (Last, First, Middle Initial)

C. JACOBSON FOR STATE SENATE

Mailing Address 211 S. MAIN STREET, SUITE 610

City DAYTON State OH Zip Code 45402

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:20891

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. JACOBSON FOR STATE SENATE

Mailing Address 211 S. MAIN STREET, SUITE 610

City DAYTON State OH Zip Code 45402

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CANDIDATEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:20890

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

-300.00

Full Name (Last, First, Middle Initial)

B. BOOK ELECTION COMMITTEE

Mailing Address 32 STATE ROUTE 239

City PORTSMOUTH State OH Zip Code 45663

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CANDIDATEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR AUSTRIA

Mailing Address 2735 OBETZ DRIVE

City BEAVERCREEK State OH Zip Code 45434

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CANDIDATEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21234

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COMBS

Mailing Address 5331 S. GILMORE ROAD

City
FAIRFIELDState
OHZip Code
45014

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21238

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

200.00

B. CITIZENS FOR GARDNER COMMITTEE

Mailing Address 431 NORTH PROSPECT STREET

City
BOWLING GREENState
OHZip Code
43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21242

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

C. CITIZENS FOR SCHURING COMMITTEE

Mailing Address 330 THIRD STREET NW

City
CANTONState
OHZip Code
44702

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21249

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR WHITE

Mailing Address 4744 BOKAY DRIVE

City KETTERING State OH Zip Code 45440

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21252

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT DAVID GOODMAN

Mailing Address 2736 BEXLEY PARK ROAD

City BEXLEY State OH Zip Code 43209

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21243

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT EARL MARTIN

Mailing Address 32290 LAKE ROAD

City AVON LAKE State OH Zip Code 44012

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21245

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT ROSS MCGREGOR

Mailing Address 5523 OLD COLUMBUS ROAD

City SPRINGFIELD State OH Zip Code 45502

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21247

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BILL COLEY

Mailing Address 5336 WINDBROOK TRAIL

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21254

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DRIEHAUS COMMITTEE

Mailing Address 1018 BENZ AVENUE

City CINCINNATI State OH Zip Code 45238

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21241

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LANCE T. MASON

Mailing Address 1711 KENYON ROAD

City
SHAKER HEIGHTS

State
OH

Zip Code
44120

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21246

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MATTHEW J. DOLAN

Mailing Address 100 SEVENTH AVE. BOX 12

City
CHARDON

State
OH

Zip Code
44024

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21240

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SENATOR SPADA

Mailing Address 4401 ROCKSIDE ROAD, SUITE 406

City
INDEPENDENCE

State
OH

Zip Code
44131

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21258

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. JACOBSON FOR STATE SENATE

Mailing Address 211 S. MAIN STREET, SUITE 610

City DAYTON State OH Zip Code 45402

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21244

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. RE-ELECT JIM CARMICHAEL FOR STATE REPRESENTATIVE

Mailing Address 2594 TIMOTHY PLACE

City WOOSTER State OH Zip Code 44691

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21236

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. SHAWN WEBSTER RE-ELECTION COMMITTEE

Mailing Address 3316 WOODSIDE DRIVE

City FAIRFIELD State OH Zip Code 45014

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CANDIDATE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP:B:21251

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. SWINDELL FOR SENATE COMMITTEE

Mailing Address PO BOX 788

City
NASHVILLEState
NCZip Code
27856

Purpose of Disbursement

012

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21257

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. TEAM COUGHLIN

Mailing Address 2324 IOTA AVENUE

City
CUYAHOGAState
OHZip Code
44223

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21239

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. THE COMMITTEE TO ELECT ARMBRUSTER

Mailing Address 33030 WOODHAVE CIRCLE

City
NORTH RIDGEVILLEState
OHZip Code
44039

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CANDIDATE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP:B:21233

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Full Name (Last, First, Middle Initial)

A. THE COMMITTEE TO ELECT RAY MILLERMailing Address 17 SOUTH HIGH STREET
SUITE 500

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
NON-FEDERAL CANDIDATEOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP:B:21248

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	6

Amount of Each Disbursement this Period

200.00

011
Category/
Type**B. ZURZ CAMPAIGN COMMITTEE**

Mailing Address 3773 MUIRFIELD DRIVE

City UNIONTOWN State OH Zip Code 44685

Purpose of Disbursement

Candidate Name
NON-FEDERAL CANDIDATEOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP:B:21253

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	6

Amount of Each Disbursement this Period

750.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

950.00

TOTAL This Period (last page this line number only) ►

6100.00